

**Village of Wappingers Falls  
Office of Planning and Zoning  
7 Spring Street, Wappingers Falls, NY 12590  
(845) 297-5277 Fax: (845) 296-0379**

**APPLICATION FOR A USE VARIANCE**

**APPEAL NUMBER:** \_\_\_\_\_ **MEETING DATE** \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERT LOCATIONION:** \_\_\_\_\_

**TAX MAP:** \_\_\_\_\_ **PARCEL SIZE:** \_\_\_\_\_ sq. ft.  
**FRONTAGE:** \_\_\_\_\_ sq. ft. **DEPTH:** \_\_\_\_\_ sq. ft.

**ZONING DISTRICT:** \_\_\_\_\_

**PERMITTED USES IN THIS ZONE** \_\_\_\_\_

**DEED RESTRICTIONS:** \_\_\_\_\_

**LAND USE:**

**CURRENT:** \_\_\_\_\_ **PROPOSED:** \_\_\_\_\_

**SECTION(S) OF ORDINANCE FROM WHICH VARIANCE IS  
REQUESTED:** \_\_\_\_\_

DESCRIPTION OF APPEAL REQUESTED

**DATES AND DESCRIPTIONS OF PRIOR APPEALS, VARIANCES OR SPECIAL PERMITS FOR PROPERTY :** \_\_\_\_\_

**PLANNING BOARD REVIEW DATE(S):** \_\_\_\_\_

**ENVIRONMENTAL REVIEW:** \_\_\_\_\_

**Supporting Documentation for Use Variance**

The application must be filed with seven (7) copies of your appeal, together with seven (7) copies of all supporting documentation including:

- "Letter of Denial" from the Building Department indicating that a Building Permit cannot be issued at this time.
- EAF short form (or long form if deemed necessary).
- If applicant is different from owner, provide notarized owner's consent in writing with the original signature.
- Contract of Sale or Lease if applicable.
- Deed.
- Copies of financial evidence to support zoning hardship. They may include but are not limited to: cash flow analysis of property, income, bill of sale, recent appraisal of property, leases, rental agreements, tax bills, Realtor's Statement of inability to rent/sell.
- Photographs of existing structure(s).
- Drawings and Surveys which reflect what exists and what is proposed.

**ANSWER THE FOLLOWING QUESTIONS: (use attachments if necessary)**

1. What land use hardship exists on the property for which this appeal is made (consider all uses permitted by zoning when answering this question)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What unique circumstance(s) or condition(s) peculiar to the land or structure(s) necessitate this variance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Did the unique circumstance(s) or condition(s) exist prior to your purchase/ownership/use of the property? \_\_\_\_\_ Explain  
\_\_\_\_\_
4. How will the proposed use affect surrounding properties with respect to:
  - a. Noise and lighting disturbances? \_\_\_\_\_
  - b. Traffic flow? \_\_\_\_\_
  - c. Parking? \_\_\_\_\_
  - d. Sanitary problems? \_\_\_\_\_
  - e. Safety hazards? \_\_\_\_\_
  - f. Compatibility to permitted uses? \_\_\_\_\_
  - g. Pedestrian traffic? \_\_\_\_\_
  - h. Visual aesthetics? \_\_\_\_\_
  - i. Public services like schools, police, fire, water, sewer, and roads.  
\_\_\_\_\_  
\_\_\_\_\_
  - j. The health, safety, security, morals or general welfare of residents, visitors or workers in the area? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_